

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09783158</i>	FILING DATE <i>02-14-01</i>				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
1	/						51	/			
2	/						52	/			
3	/						53	/			
4	/						54	/			
5	/						55	/			
6	/						56	/			
7	/						57	/			
8	/						58	/			
9	/						59	/			
10	/						60	/			
11	/						61	/			
12	/						62	/			
13	/						63	/			
14	/						64	/			
15	/						65	/			
16	/						66	/			
17	/						67	/			
18	/						68	/			
19	/						69	/			
20	/						70	/			
21	/						71	/			
22	/						72	/			
23	/						73	/			
24	/						74	/			
25	/						75	/			
26	/						76	/			
27	/						77	/			
28	/						78	/			
29	/						79	/			
30	/						80	/			
31	/						81	/			
32	/						82	/			
33	/						83	/			
34	/						84	/			
35	/						85	/			
36	/						86	/			
37	/						87	/			
38	/						88	/			
39	/						89	/			
40	/						90	/			
41	/						91	/			
42	/						92	/			
43	/						93				
44	/						94				
45	/						95				
46	/						96				
47	/						97				
48	/						98				
49	/						99				
50	/						100				
TOTAL IND.							TOTAL IND.	<i>17</i>			
TOTAL DEP.							TOTAL DEP.	<i>75</i>			
TOTAL CLAIMS							TOTAL CLAIMS	<i>92</i>			